

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1	1					52						
3	1	1					53						
4	1	1					54						
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44	1	1					94						
45	1	1					95						
46	1	1					96						
47	1	1					97						
48	1	1					98						
49	1	1					99						
50	1	1					100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	265						TOTAL DEP.						
TOTAL CLAIMS	267						TOTAL CLAIMS						